

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 6/23/10

**Address:** 500 Block 4<sup>th</sup> Street

**Case #:** 42F-30758

Columbus, IN

**County:** Bartholomew

**Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location** (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☒ Vehicle  
☐ Hotel/Motel  
☐ Open – No Structure  
☐ Other: \_\_\_\_\_

**Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): vehicle/open air  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: vehicle/open air  
☒ Water Reactive Metal (Lithium): vehicle/open air  
☒ Anhydrous Ammonia: vehicle/open air  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: vehicle/open air  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered** (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

**This report is to be faxed to the following agencies that serve the location:**

Fire Department: Columbus Fire

Fax: 812-376-2679

Health Department: Bartholomew Co.

Fax: (812) 379-1040

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Tom Egler

Phone 317-234-4591

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.